

Bureau of Health Care Quality & Compliance

PRINTED: 08/31/2009
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS640HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/14/2009
NAME OF PROVIDER OR SUPPLIER MOUNTAINVIEW HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3100 N TENAYA LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 08/14/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00022015 was substantiated with deficiencies cited. (See Tags S 035, S 050, S 300, and S 310)</p> <p>Complaint #NV00022187 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000	<p><u>S035:</u></p> <p>a. The facility received a complaint letter from the patient and has been in ongoing communication with the patient regarding the patient's issues. Corrective actions have been communicated with the patient via telephone and in writing along with an apology.</p> <p>b. Pain is assessed at triage and considered to be the fifth vital sign.</p> <p>c. The medical staff is accountable to the governing body for quality of patient care through its Peer Review Process and Quality Assurance Program. Individual cases that deviate from standards of care are reviewed through the Peer Review Committee and reported through Medical Executive Committee (MEC) to the Board. This patient's case was referred through that process along with the findings of the Department of Health Services.</p> <p>d. Peer review results are tracked through completion and summaries of results presented to the MEC and Board. Frequency of occurrences is also tracked as part of Ongoing Professional Practice Evaluation (OPPE).</p> <p>e. Medical Director, Emergency Services</p> <p>f. The case was formally presented at the September 2009 Emergency Physicians Group meeting.</p> <p><u>S050:</u></p> <p>a. The facility received a complaint letter from the patient and has been in ongoing communication with the patient regarding the patient's issues. Corrective actions have been communicated with the patient via telephone and in writing along with an apology.</p> <p>b. Pain is assessed at triage and considered to be the fifth vital sign.</p> <p>c. New triage guidelines have been implemented which follow the Emergency Severity Index and allows uptriage of acuity level based on patient's pain level.</p> <p>d. Documentation audits have been initiated in the Emergency Department (ED) that includes pain assessment. Indicators are:</p> <ul style="list-style-type: none"> Pain is assessed using pain scale at triage. 		
S 035 SS=D	<p>NAC 449.313 Governing Body</p> <p>2. The governing body of a hospital shall adopt a workable set of bylaws which must be in writing and available to all members. The governing body shall.</p> <p>(e) Ensure that the medical staff is accountable to the governing body for the quality of care which the medical staff provides to patients</p>	S 035			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/CLIA REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5899

J57C1

If continuation sheet 1 of 3

SEP 17 2009

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

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S 035	Continued From page 1 This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure that a patient who presented to the emergency room experiencing moderate to severe pain and nausea from cholecystitis was ordered and administered pain and nausea medication for seven hours while in the emergency room. (Patient #1) Severity: 2 Scope: 1	S 035	<ul style="list-style-type: none"> Pain is reassessed before and within 30 minutes after administration of pain medication. Pain is reassessed within 15 minutes of admission, discharge or transfer. We are adding: <ul style="list-style-type: none"> Physician is notified regarding presence of pain, and notification is documented Pain is reassessed hourly 		
S 050 SS=D	NAC 449.314 Quality of Care 1. A hospital must be administered in a manner that enables the hospital to use its resources effectively and efficiently to meet the needs of and provide quality care to its patients. The governing body of a hospital shall develop and provide services for the care of its patients based on the identified needs of those patients. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure the medical and nursing staff provided a patient who was complaining of moderate to severe abdominal pain, nausea, and vomiting with pain and nausea medication during a seven hour emergency room stay. (Patient #1) Severity: 2 Scope: 1	S 050	<p>S300:</p> <ul style="list-style-type: none"> a. The facility received a complaint letter from the patient and has been in ongoing communication with the patient regarding the patient's issues. Corrective actions have been communicated with the patient via telephone and in writing along with an apology b. Pain assessment is treated as the 5th vital sign and is assessed in triage. c. Pain protocols have been developed and will be adopted by the medical and nursing staff in the ED. Protocols will allow triage RN with approval of ED physician to provide oral pain medication while waiting for further evaluation and treatment. Nursing staff will be educated to the protocols. Pain management was discussed with all physicians by ED Medical Director at their monthly meeting, August 18, 2009. d. Documentation audits have been initiated in the ED that include pain assessment. Indicators are: <ul style="list-style-type: none"> Pain is assessed using pain scale at triage. Pain is reassessed before and within 30 minutes after administration of pain medication Pain is reassessed within 15 minutes of admission, discharge or transfer. We are adding: 		
S 300 SS=D	NAC 449.3622 Appropriate Care of Patient 1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering.	S 300			

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S 300	Continued From page 2 This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure the emergency room nursing staff conducted hourly pain assessments and notified the physician of the patient's complaints of pain and nausea in accordance with the facility's pain assessment policies and procedures in order to provide the necessary care and treatment for a patient with cholecystitis. (Patient #1) Severity: 2 Scope: 1	S 300	<ul style="list-style-type: none"> Physician is notified regarding presence of pain, and notification is documented Pain is reassessed hourly e. Responsible party: Director of Emergency Services; Medical Director, Emergency Services f. Anticipated date of correction: October 15, 2009 <u>S310:</u> <ol style="list-style-type: none"> The facility received a complaint letter from the patient and has been in ongoing communication with patient regarding the patient's issues. Corrective actions have been communicated with the patient via telephone and in writing along with an apology All ED nursing staff are required to undergo mandatory review of the pain management policy including requirement for assessment at triage, hourly during length of stay, pre and within 30 minutes of pain medication administration and within 15 minutes of discharge. As part of education, nursing staff will be encouraged to remind physicians of individual patient complaints related to pain and nausea and request appropriate medication orders. Individual triage nurse will be counseled regarding failure to reassess patient while waiting in the lobby and failing to seek orders for pain relief for patient. Documentation audits have been initiated in the ED that include pain assessment. Indicators are: <ul style="list-style-type: none"> Pain is assessed using pain scale at triage. Pain is reassessed before and within 30 minutes after administration of pain medication Pain is reassessed within 15 minutes of admission, discharge or transfer. We are adding: <ul style="list-style-type: none"> Physician is notified regarding presence of pain, and notification is documented Pain is reassessed hourly e. Responsible Party: Director of Emergency Services f. Anticipated date of correction: October 1, 2009		
S 310 SS=D	NAC 449.3624 Assessment of Patient 1. To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure the emergency room nursing staff conducted hourly pain assessments and notified the physician of the patient's complaints of pain and nausea in accordance with the facility's pain assessment policies and procedures in order to obtain orders to administer medication to a patient with cholecystitis. (Patient #1) Severity: 2 Scope: 1	S 310			

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